

STATE OF MAINE  
DEPARTMENT OF AGRICULTURE, FOOD AND RURAL RESOURCES  
DIVISION OF PLANT INDUSTRY  
#28 STATE HOUSE STATION ~ AUGUSTA, MAINE 04333  
TEL# (207) 287-3891 ~ FAX # (207) 287-7548

**APPLICATION FOR EXAMINATION**

Please check appropriate ☐

☐ **MASTER LANDSCAPE ARBORIST**

requires that the applicant hold a first class landscape arborist license from the State of Maine for the five years (minimum) immediately preceding the application for the Master Arborist examination, and must hold a valid Maine Pesticide Applicator License in category 3A - Outdoor Ornamentals

☐ **MASTER UTILITY ARBORIST**

requires a minimum of five years of experience as a First Class Utility Arborist, and must hold a valid Maine Pesticide Applicator License in category 6A - Utility Vegetation Management

Exam fee: \$85 for one or \$110 for both ~~ Study Guide: \$45

*Make check payable to: Treasurer, State of Maine*

Print Name \_\_\_\_\_

Last

First

MI

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_

Home Phone # (\_\_\_\_) / \_\_\_\_ / \_\_\_\_ Work Phone # (\_\_\_\_) / \_\_\_\_ / \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: ☐ Male ☐ Female

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

**IF YOU ANSWERED "YES" TO THE CRIMINAL CONVICTION QUESTION, PLEASE ENCLOSE A LETTER FROM YOU EXPLAINING IN DETAIL, THE DATE(S) AND CIRCUMSTANCES SURROUNDING YOUR CONVICTION(S) AND ANY AND ALL STEPS YOU HAVE TAKEN WITH RESPECT TO REHABILITATION.**

**I HEREBY CERTIFY** THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_